SEP 28 2017

U. S. DISTRICT COURT IN THE UNITED STATES DISTRICT COURT MID. DIST. TENN. FOR THE Middle DISTRICT OF TENNESSEE DIVISION anus Q Nelson Name (List the names of all the plaintiffs Prison Id. No. 484698 filing this lawsuit. Do not use "et al." Attach additional sheets if .. necessary. The adaptive of American Prison Id. No. Civil Action No. _____ (To be assigned by the Clerk's office. Do not write in this space.) Plaintiff(s) Jury Trial □ Yes \square No Cove Civic Corrections Coraporation (List the names of all defendants against whom you are filing this lawsuit. Do not use "et al." Attach additional sheets if necessary. Defendant(s) COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED PURSUANT TO 42 U.S.C. § 1983 PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.) I. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? The state of the s □ Yes If you checked the box marked "Yes" above, provide the following information: В. Parties to the previous lawsuit: Plaintiffs

Defendants 11/A

		2.	In what court did you file the previous lawsuit? N/A				
			(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.				
		. 3.	What was the case number of the previous lawsuit?				
		4.	What was the Judge's name to whom the case was assigned? N/H				
		5.	When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)				
		6.	What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending?				
		7.	When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)				
		8.	Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.				
			□ Yes No				
			(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)				
II.			INTIFF'S CURRENT PLACE OF CONFINEMENT (The following information provided by each plaintiff.)				
	A.	Whatincan	it is the name and address of the prison or jail in which you are currently recrated? Core Civic I Corrections Coropotation of Americans Place Noshulte, TN 37211				
	В.		the facts of your lawsuit related to your present confinement?				
		Y	'es □ No				
	C.	ou checked the box marked "No" in question II.B above, provide the name and ess of the prison or jail to which the facts of this lawsuit pertain.					
	D.	D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?					
		Y	es □ No				
		If you	u checked the hov marked "No" proceed to question II U				

	E. If you checked the box marked "Yes" in question II.D above, have you presente facts to the prison authorities through the state grievance procedure?					
		Yes D No				
	F.	If you checked the box marked "Yes" in question II.E above:				
		1. What steps did you take? incident Reports, informal Crievan. Sick Calls Medical Records Fromot C Repuests				
		2. What was the response of prison authorities? That I was suppose of Seen immediately by Medical 3 to keep troing throw the				
	G.	If you checked the box marked "No" in question II.E above, explain why not.				
	Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?					
		□ Yes □ No				
	I.	If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?				
		□ Yes □ No				
	J.	If you checked the box marked "Yes" in question II.I above:				
		1. What steps did you take?				
		2. What was the response of the authorities who run the detention facility?				
	: L.	If you checked the box marked "No" in question II.I above, explain why not.				
grie	vanc	opies of all grievance related materials including, at a minimum, a copy of the e you filed on each issue raised in this complaint, the prison's or jail's response to that e, and the result of any appeal you took from an initial denial of your grievance.				
III.	PAF	RTIES TO THIS LAWSUIT				
	A.	Plaintiff(s) bringing this lawsuit:				
		1. Name of the first plaintiff: LoDarios & Nelson Prison Id. No. of the first plaintiff: 484698				
		Prison Id. No. of the first plaintiff: 484698				

		Address of the first plaintiff:	5115	nardir	5 P	oce	Noshu
		(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)					
	2.	Name of second the plaintiff:					
		Prison Id. No. of the second pl	laintiff:				
		Address of the second plaintiff	f:				
		(Include the name of the inst If you change your address y					
		If there are more than two p numbers, and addresses on a				son ident	ification
В.	Defendant(s) against whom this lawsuit is being brought: 1. Name of the first defendant: Core Livic 1 Corrections Cora						
	1.	rection	-s Cord				
		Place of employment of the fire	MMEVIC	-61			
		The first defendant's address:	5115 3721	hard	ins	plan	<u> </u>
		Named in official capacity? Named in individual capacity"	Yes		Vo		
2.	Name of the second defendant:						
	Place of employment of the second defendant:						
	The second defendant's address:						
		Named in official capacity?	□ Yes		lo		
		Named in individual capacity"	□ Yes	\Box V	lo		
		If there are more than two d lawsuit, you must list on a sepa defendant, their place of employou are suing them. If you defendants, they will not be in their proper name, place of unable to serve them should p	arate sheet o oyment, the do not pro ncluded in y employmen	of paper the ir address, a vide the na your lawsui it, and add	name of and the c ames of t. If you	each add apacity in such add do not	ditional n which ditional provide

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

9.46

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four 4 sides.

On the date of Sept 6, 2017 wednesday at
approx 9:35-10:15 . I I'm La Davius a Nelson
CC officer Thomas and COFFICER Aldridge once
being shackled I was lifted into the wheelshow
handicap van Because I am Completely Paralyzed.
CC Officier Thomas Buckled Istrapped me in
to the Suley Belts, Dot they were not secure
Thomas and Co officer Aldridge Stooped to get
the portice of you exampsel and the sudden stop
forced my wheelchear to Alip Backwards with me
in it. which caused my knees to hit me directly
in the head and try dead smack into the Buck
out Rom around and proceeded to get me org
the van floor which took several minutes.
Since I had been hoving severe Back Ispine
Neck pains. They be Took me directly to court
without any Medical Attention.
RELIEF REQUESTED: Specify what relief you are requesting against each defendant.
B. Better Transportation for others paralyzed in the Folder. C. To have the paralyzed of my sentence suspendents.
A. 200 100 Cacsa
B. Better Transportation for other Daralyzed in the Folk
- Remainder C & Suspender
c. 10 have the comme of my sentence
D. All Fees Taking Care-OF
D. All ICO LENGT CANTON
E
F. I request a jury trial. ✓ Yes □ No

VI. CERTIFICATION

fy under the penalty of perjury that the foregoing comp n, knowledge and belief.	plaint is true to the best of my (our)
Signature: La Davios Welse	Date: 9/21/17
Prison Id. No. 484698	-
Address: 6115 Narding Place	Noshuille 700 3721
(Include the city, state and zip code.)	<u> </u>
Signature:	Date:
Prison Id. No.	-
Address:	
(Include the city, state and zip code.)	

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed in forma pauperis will be returned. Filing fees, or applications to proceed in forma pauperis, received without a complaint will be returned.

NON CENSORED MAIL COREVER CORE CIVIC INMATE

801 (Sread Nay 52,42800 Noswille, 773 37203

RECEIVED IN CLERK'S OFFICE

SEP 2 8 2017.

U.S. DISTRICT-GOURT MID. DIST. TENN.

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